Ophthalmic Literature

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Vol. IV. JUNE, 1914 No. 6

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PRICE FIVE DOLLARS PER YEAR, IN ADVANCE

Published Monthly by EDWARD JACKSON, 318 Majestic Building, Denver, Colorado, U. S. A.

Entered as second-class matter November 6, 1912, at the Postoffice at Denver, Colorado, under the Act of March 3, 1879.

Skiascopy and Its Practical Application

BY EDWARD JACKSON, M. D., DENVER, COLO.

FOURTH EDITION

REVISED AND ENLARGED. WITH CHAPTERS ON EXACT SKIASCOPY AND AUTO-SKIASCOPY. OCTAVO 120 PAGES, ILLUSTRATED.
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Herrick Book and Stationery Company

934 15th Street Denver, Colorado

Ophthalmic Literature

VOL. IV. JUNE, 1914. NO. 6.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE HERMAN KNAPP PRIZE.

The gold medal offered as a prize for the best paper presented at the 1913 meeting of the Section on Ophthalmology of the American Medical Association has been awarded to Dr. Clifford B. Walker of Boston for his work on the hemiopic pupil reaction and the Wilbrand prism test for hemianopsia. This medal was given by the contributors of the Herman Knapp Memorial Fund. It has been offered for three years, but this is the first time that any paper first presented to the Section has been judged worthy of such distinction.

This contribution is somewhat peculiar among prize essays in that its chief value is largely negative. The so-called Wernicke pupil reaction, first described by Heddaeus, had been before the profession for thirty years. It was supposed to discriminate between basal and cortical or subcortical lesions causing homonymous hemianopsia. The reports of clinicians regarding its usefulness have always been more or less contradictory. While some believed that it gave reliable evidence as to the situation of the causative lesion with relation to the primary optic centers, others found their observations quite at variance with what theory had led them to expect. Fifteen years ago Wilbrand proposed the test, which has since been known by his name, as another means of determining the relation of these lesions to the primary optic centers. Its value has proved equally problematical.

By Heddaeus and Hess it was demonstrated that the chief pupillomotor area of the retina was limited to the region in and near the macula. The pupil does not react noticeably to light thrown on the periphery of the retina; but it is difficult to prevent diffuse light from reaching the reflex motor area in quantity sufficient to cause a pupillary reaction. This made it evident that the "Wernicke reaction" was difficult to test in ordinary clinical work, and of correspondingly limited usefulness.

Walker has worked out the problems of devising and applying the apparatus necessary to reach exact and constant results; by overcoming the difficulties that beset the reactions of the pupil, and the search movements in hemianopsia. Using his apparatus and methods in clinical cases of hemianopsia he has obtained the hemianopic reactions even in cases of lesions peripheral to the "primary optic centers" as well as in cases where all clinical evidence showed the lesions to be posterior to these centers. The net result is that there is no evidence that the hemiopic pupillary reaction has any topical diagnostic value.

To discover a new symptom or test is more certain to attract attention than to prove the incorrectness of a supposed discovery, but

the latter has its real value. "I would rather not know so much, than to know so many things which are not so," said one homeopathist about a more enthusiastic brother in the homeopathic faith. The final test of any supposed discovery is not, is it plausible? Does it fit with our preconceived theories? But, is it true? Subjected to this test the "Wernicke reaction" has failed us, and the theoretic scheme of the pupillary reflex arc passing through the corpora quadrigemina must be reconsidered. In view of Walker's findings, the neurology of the pupillary reflex seems more obscure than ever; but the most serious obstacle to an understanding of it, adherence to an error, has been removed.

OPHTHALMOLOGIC LITERATURE.

A feuilleton in the Wochenschrift für Therapie und Hygiene des Auges describes the voluminousness of the world's periodical ophthalmologic literature. According to the writer, whose figures differ slightly from those furnished by the list inside the cover of Ophthalmic Literature, Germany publishes 9 ophthalmologic periodicals; Italy the same number; the United States, 7 (3 in association with the diseases of the ear, nose and throat); France, 6; Spain and Mexico, 3; England, Japan and Hungary, 2 each (the last as supplements to general medical journals), and Austrian Poland and Russia one each.

The current year has already seen the birth of two new eye journals—the Italian Archivio di Ottalmiatria and the German Zentralblatt für die gesamte Ophthalmologie und ihre Grenzgebiete. Publication has been discontinued by 7 earlier and 2 more recent German ophthalmologic publications, and also by 5 French, 3 Portuguese, 2 Spanish, Italian and English and 1 Danish journal devoted to the specialty. Three independent ophthalmologic annuals have been published—Michel-Nagel's Jahresbericht, l'année ophtalmologique and the Ophthalmic Year Book. (The French année stopped publication for want of support.) Germany, England, France and the United States each publish independent reports of the proceedings of their national ophthalmologic societies.

The first regular journal devoted to ophthalmology was the Journal für Chirurgie und Augenheilkunde, published by Von Graefe, Senior, and Von Walther, from 1820 to 1840. The oldest journal which has been published without interruption is the Annales d'Oculistique, published first in 1838 and now numbering 150 half-yearly volumes. The largest edition (of more than 1,000 copies) is issued by the Klinische Monatsblätter für Augenheilkunde. The total subscription price of all the journals is about $240. The published price of a complete collection of all the regular journals, except those which are defunct, but including the independent annuals and society proceedings, would be about $4,500. The most complete collection is probably that of Professor Hirschberg in Berlin.

BOOK NOTICES.

Elliot, Robert Henry, London. Sclero-Corneal Trephining in the Operative Treatment of Glaucoma. Second Edition. 8vo., 187 pages, 45 illustrations. London: George Pulman and Sons, Ltd.

It is rarely that a scientific monograph comes to a second edition in a year, and more rarely that so much new material requires to be noticed after such a brief interval. When the first edition appeared it might have been foreseen that this book would be greatly in demand. But it could not be known that the subject would go on attracting increasing attention; that in the year hundreds of cases would be reported by single operators, and that the observation of such cases would raise new questions with regard to glaucoma.

In this volume the recent contributions to the subject have been well considered. Colonel Elliot has become a sort of glaucoma centre. Where he goes it is the chief subject for discussion. The personal communications he has received and here utilized are often as important as the formal papers that have appeared since the publication of the first edition of his book. These have been drawn on freely; and, so far as possible of a topic on which something new is appearing each week, it is here brought up to date.

The more than 50 per cent increase in the text includes more minute details of the technique of the operation as done by Colonel Elliot, and additional modifications proposed and practiced by others. In the chapter on Treatment of Complications has been added a section on late infections following trephining, just now attracting considerable attention. Chapter Eleven, giving the results of four years of trephining in Madras, has been revised with the aid of Colonel Elliot's successor and assistants. Three new chapters have been added on the "Experience of Other Surgeons in Trephining," "A Comparative Study of the Modern Operations for Glaucoma," and the final chapter, "Anatomical and Pathological."

Colonel Elliot's attitude toward other workers in this field is reflected in his dedication of his work to Priestley Smith and his recognition of the services rendered by Professor Lagrange, as well as the credit given to the many other writers who have contributed to the literature of the subject.

Manhattan Eye, Ear and Throat Hospital Reports. Number XV. 8vo., 323 pages. Illustrated. New York. Editors, Edgar S. Thomson, M.D., Wendell C. Smith, M.D., and Harmon Smith, M.D.

This paper-bound volume is considerably larger than its predecessors and contains, besides lists of officers, medical directors and annual statistics, some twenty-one papers, of which nine are concerned with ophthalmic subjects. Of these several have been previously published. The contents and general style of the volume reflect credit on those charged with its publication.

Transactions of the Eighteenth Meeting of the American Academy of Ophthalmology and Oto-Laryngology. 8vo., 410 pages. Illustrated. Published by the Society. L. M. Francis, Secretary, Buffalo, N. Y.

In this volume the papers and discussion relating to ophthalmology number twenty-two and occupy about two hundred pages. The volume is uniform with its predecessors, marked by the same clear typography and careful work on the part of the printers. In connection with the time at which it was issued the question arises whether if the papers were handed in at the time of the meeting, and the discussions promptly edited, it should not be possible to issue such a volume in less than eight months.

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Fleischer, B. Pathology and Therapy of Hypophysis Tumors. (Klinische Monatsblätter für Augenheilkunde, v. 52, p. 625.)

In fifteen cases of hypophysis tumor, visual disturbance once begun led almost invariably to blindness within a few years. In every instance hemianopic temporal defects were demonstrable in the course of the observation. Hemianopia more frequently developed by enlargement of peripheral temporal defects of the visual fields, but in some cases from early bitemporal paracentral scotoma which enlarged towards the periphery. Two cases operated upon by Schloffer's method, and one by that of Von Hirsch, ran an extraordinarily favorable course. In one case three years have elapsed without further morbid phenomena, and the patient has recovered his capacity for work. In the second case the nasal half of the field was recovered, and in the third case also the patient has been able to return to work. Operation is therefore urgently advisable, and is unconditionally indicated by progressive loss of visual acuity.

Wehrli, E. Hypophysis Tumors and Medicinal and Organotherapy. (Klinische Monatsblätter für Augenheilkunde, v. 52, p. 653.)

Organotherapy (hypophyseal extract and thyroidin) is recommended in conjunction with small doses of potassium iodide, but its use should be limited at first to cases of hypopituitarism, to which apparently is due the clinical picture of dystrophia adiposo-genitalis and perhaps also partly that of pluriglandular insufficiency. But the effect of the treatment must be closely controlled, and its employment is particularly to be avoided in cases of acromegaly, in which various writers have reported bad results.

Rolandi, S. Pathogenesis and Course of Glaucoma Simplex. (Annali di Ottalmologia, 43rd Year, p. 137.)

In the first case reported the intraocular tension showed maximum daily oscillations of not exceeding 4mm. of Hg., with an absolute maximum variation of 6mm. The lowest tension obtained after the administraton of pilocarpin was 10mm., and the highest reading after instillation of atropin was 21mm. Yet there was a 3 D. cupping of the disc. These facts suggest that increase of tension may not be the only cause necessary to produce glaucomatous excavation. In a second case, with marked rise of tension, there was no trace of glaucomatous excavation, and in a third normal tension was accompanied by incipient cupping.

Studies by the author of the action of miotics on glaucomatous eyes indicate that the lesions which affect the drainage channels of the eye probably appear after the initial stage of the disease, their first development being accompanied by transitory slight oscillations of tension within physiologic limits. In a later period of development of these lesions, the tension is constantly above normal, but is capable of being considerably reduced and brought within normal limits by the action of miotics. In the third stage, that of complete development of the lesions, with firmly established iridocorneal adhesion, the increased tension is no longer, or only in slight degree, influenced by the action of miotics.

Cuperus, N. J. Mesothorium Radiation in Eye Diseases. (Archiv für Augenheilkunde, vol. 77, p. 1.)

The effect of mesothorium radiation on ocular disease is not so widely known as the results of such treatment on general skin diseases and upon tumors. Some typical cases are described, the first of which is one of unilateral scrofulous iritis in a youth of sixteen years. After the usual methods of treatment had been tried for a considerable period without result, four half-hour radiations were followed by recovery from the keratitis, and the visual acuity improved from 1/50 to 5/6. In a case of blennorrhea of the lacrimal sac, with corneal ulcer and hypopyon from lagophthalmos, the treatment of which by other methods had shown very little improvement, the ulcers healed, and the visual acuity rose from 2/50 to 5/20, after four irradiations of a half-hour each. Seven treatments of the same duration in a case of nodular tuberculous iritis resulted in partial clearing of the vitreous. The radiation was done with 4 mg. contained in an ebony capsule. Exact tests showed this amount to possess radiant efficiency corresponding to that of 10 mg. of radium bromide.

The author has recently made the applications by direct contact of the capsule with the cornea for from five to fifteen minutes, after instillation of cocaine. The same duration was employed latterly for the iris, while the interior of the eye was treated through the sclera for from 15 to 45 minutes. The lids were held apart with the fingers. The interval between treatments depended upon the duration of the reaction from the preceding treatment. Caution is re-

quired in more or less acute cases of painful keratitis and iritis. An analgesic effect on the part of the radiations was not confirmed. In quiet eyes radiation was occasionally followed by troublesome irritation which sometimes persisted for months, but caused no permanent injury.

Elschnig, A. Operative Treatment of Retinal Detachment. (Archiv für Augenheilkunde, vol. 77, p. 6.)

The number of operations was 83 in 73 patients. In 10 cases section of the sclera was done according to the Deutschmann method. Puncture was done in 48 cases, puncture with cauterization in 42, scleral resection in 16, puncture with vitreous injection in 25, and vitreous injection alone in 6 cases. Operation was in no case undertaken without previous treatment by the customary non-operative methods. These included rest in bed or in a sitting posture, the attempt being made, particularly in detachment of a superior part of the retina, to keep the head in such a position that the anticipated sinking or advance of the retinal exudate should be least likely to encroach upon the macula. Elschnig is not of the impression that any of the non-operative measures had a positive influence on the detachment, or that any one non-operative procedure presented any superiority over others. He does not believe subconjunctival injection to have the slightest influence upon retinal detachment itself, but does regard it as having a decided action on the accompanying vitreous opacities and hemorrhages. Concentrated solutions are to be avoided as being more painful and causing conjunctival adhesions, without possessing any advantage over the weaker solutions (2%).

Three out of 44 patients treated without operation showed a reattachment. In one, with 15 D. of myopia, the retina became separated again after two weeks. In the second the visual acuity rose from counting fingers at one meter to 1/10. In the third, the detachment was only peripheral and of slight extent, and the visual acuity was normal throughout. One other case showed marked improvement, and four others slight gain.

As regards etiology, 14 cases resulted from perforating wounds, and three from extraction of the lens with loss of vitreous; and in two tumor could not be excluded with certainty. In 25 per cent. of the cases the detachment was bilateral, and in almost all of these the eye was highly myopic. Of 110 cases of non-traumatic retinal detachment, in which the refraction was determined, only 23 were approximately emmetropic, 87, or almost four-fifths, being myopic.

Of 20 eyes treated by simple puncture in the region of the detachment, 6 showed definite improvement, one was cured, 3 were changed for the worse by vitreous hemorrhage, and 8 were changed neither for better nor worse. Elschnig was not satisfied that pressure bandages were of any value in avoiding vitreous hemorrhage.

Puncture was combined with more or less extensive cauterization in 42 operations on 30 eyes of 27 patients. The author does not regard either punctiform or extensive cauterization as producing any essentially different results from those of simple puncture.

Scleral excision according to Müller's original technic was performed upon eight eyes. Two of these were enucleated. Of six which showed a decided improvement, in only two did the improvement seem to be persistent. In one of these there was complete reattachment of the retina.

Of six cases with seven eyes, six of which were myopic, and in which the author used his own modification of Müller's method of scleral excision, five showed distinct improvement. The operation of scleral excision is almost without danger, but small excisions appear to be relatively more favorable than very extensive ones, both

by reason of the shorter duration of the operation and of slighter injury to the uvea. A brief history of each case is given.

Kraupa, E. Transposition by Rotation of the Flap, a New Method of Keratoplasty. (Centralblatt für praktische Augenheilkunde, 38th year, p. 132.)

Magitot has recently suggested replacement of opaque by clear cornea, in one and the same eye, by trephining twice with the same trephine, and transferring each piece of cornea to the position previously occupied by the other. Kraupa proposes to overcome some difficulties which might arise from this method by trephining a large circle of cornea so as to include both the opacity and the clear cornea with which it is intended to replace it; and then revolving the whole circle of trephined tissue upon its center so as to bring the peripheral clear cornea to the position formerly occupied by the opacity, and vice versa.

Onodi, A. Contralateral Visual Disturbances of Nasal Origin. (Zeitschrift für Augenheilkunde, vol. 31, p. 324.)

This article is accompanied by six illustrations which beautifully demonstrate the anatomical relationships which are the subject of the paper. In the first illustration the right sphenoid sinus is shown as separated from the right optic nerve by a compact layer of bone, while the same sinus is in direct contact with the left optic nerve, and the common wall of the optic canal and of the right sphenoid sinus is formed by an extremely thin ("silk-paper-thin") layer of bone. The left sphenoid sinus is small, is covered by the right, and is not in relation with the left optic nerve. The second illustration shows a preparation in which the left sphenoid sinus is in intimate relation with the right optic nerve. The author is also in possession of a preparation in which the left posterior ethmoid cell is in intimate relation with the right optic nerve. These preparations demonstrate the ease with which sinusitis may give rise to changes inside or outside of the contralateral optic sheath, or in like manner to contralateral perineuritis, to contralateral neuritis, to hemorrhages, etc. Although the diagnostic significance of enlargement of the blind spot on the opposite side in empyemas of the accessory sinuses is still open to discussion, yet its occurrence is not accidental; and it should be watched for and its origin and significance carefully studied both clinically and necroscopically.

As showing the origin of bilateral visual disturbances with unilateral sinus disease, two cases are illustrated in which the right sphenoid sinus is in intimate relation with both optic nerves, the left sphenoid sinus being entirely covered by that of the right side, and in no topographic relation with the left optic nerve. In another case the illustration, in sagittal section, shows the intimate relation of the posterior ethmoid cell to both optic nerves, this cell being separated from both nerves by an extremely thin bony wall. In another instance the left sphenoid sinus is intimately related to the left optic nerve and the chiasm.

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